SUBSTANCE USE DISORDER
– A Health plan and Behavioral Health Physician Collaborative Presentation

Session 1

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UnitedHealthcare Community Plan of Texas

United Healthcare

Disclosure

We have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.

Objectives

- Presentation of outline of the collaborative 4-part series
- Define Substance Use Disorder
- Provide a general overview
- Understand the incidence, frequency & statistics of SUD
- Identify the predisposing individual factors & tolerances

General Overview

- The drug overdose death crisis in the United States is estimated to account for *nearly 841,000 deaths since 1999* (CDC, 2021; Mattson et al., 2021).
- Opioids have contributed to significant increases in overdose deaths, starting in 1999 with prescription opioids and followed by waves involving heroin and then synthetic opioids (CDC, n.d.)
- While synthetic opioids (primarily illicitly manufactured fentanyl) continue to play a major role in overdose deaths, *recent years have seen a significant increase in deaths involving stimulants like methamphetamine and cocaine* (Mattson et al., 2021).
- Data have also shown widening disparities in overdose deaths by race and ethnicity.

MYTHS & MISCONCEPTIONS

Why Do People Take Drugs?

To feel good. Drugs can produce intense feelings of pleasure. This initial euphoria is followed by other effects, which differ with the type of drug used. For example, with stimulants such as cocaine, the high is followed by feelings of power, self-confidence, and increased energy. In contrast, the euphoria caused by opioids such as heroin is followed by feelings of relaxation and satisfaction.

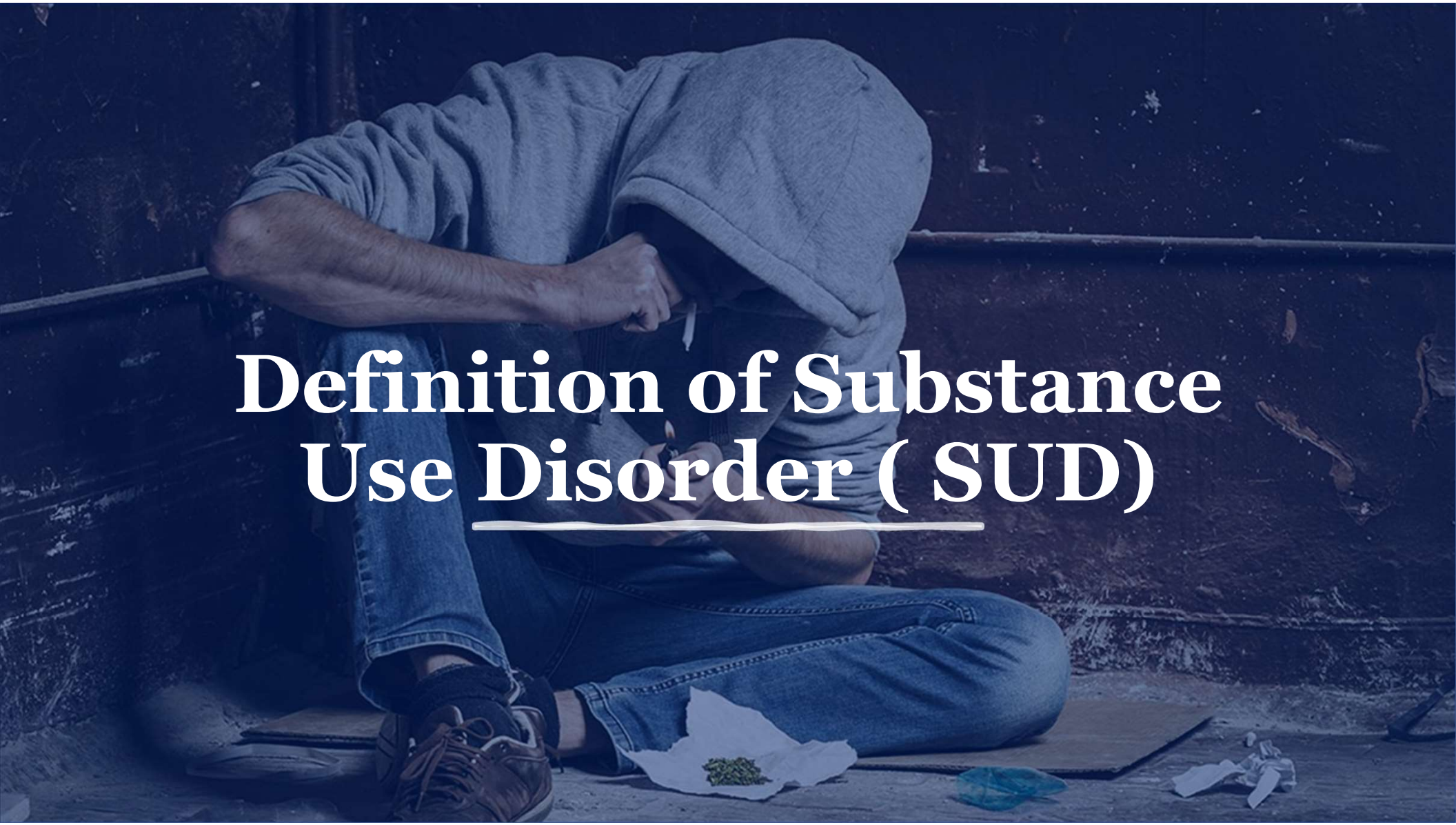
To feel better. Some people who suffer from social anxiety, stress, and depression start using drugs to try to feel less anxious. Stress can play a major role in starting and continuing drug use as well as relapse (return to drug use) in patients recovering from addiction.

To do better. Some people feel pressure to improve their focus in school or at work or their abilities in sports. This can play a role in trying or continuing to use drugs, such as prescription stimulants or cocaine.

Curiosity and social pressure. In this respect, teens are particularly at risk because peer pressure can be very strong. Adolescence is a developmental period during which the presence of risk factors, such as peers who use drugs, may lead to substance use.

Myth vs Facts

1. Willpower is all one needs to beat addiction	• Substance use changes how the brain works and makes it hard to quit
2. You must hit “rock bottom” first	• Recovery can begin at any time
3. Severe SUD is a disease; there's nothing you can do about it	• Treatment is available with medications, therapy, exercise and other treatments
4. Addiction is lifelong	• Each person can achieve their own recovery from SUDs, active addiction may resolve, the process of recovery is lifelong
5. People can't force someone into treatment; if treatment is forced, it will fail	• People who are pressured into treatment by their family, employer, or the legal system are just as likely to benefit as those who enter treatment voluntarily.
6. Medications used for SUD are just a replacement for the drug itself	• Medications treat withdrawal symptoms and cravings and allow a person to recover without the use of the substance



Definition of Substance Use Disorder (SUD)

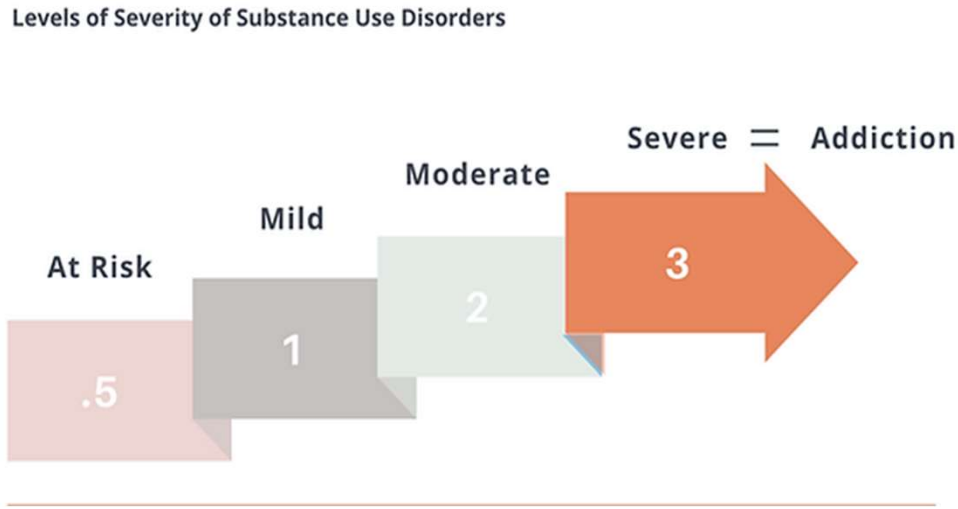
General Criteria for SUD according to DSM-5

Table 2

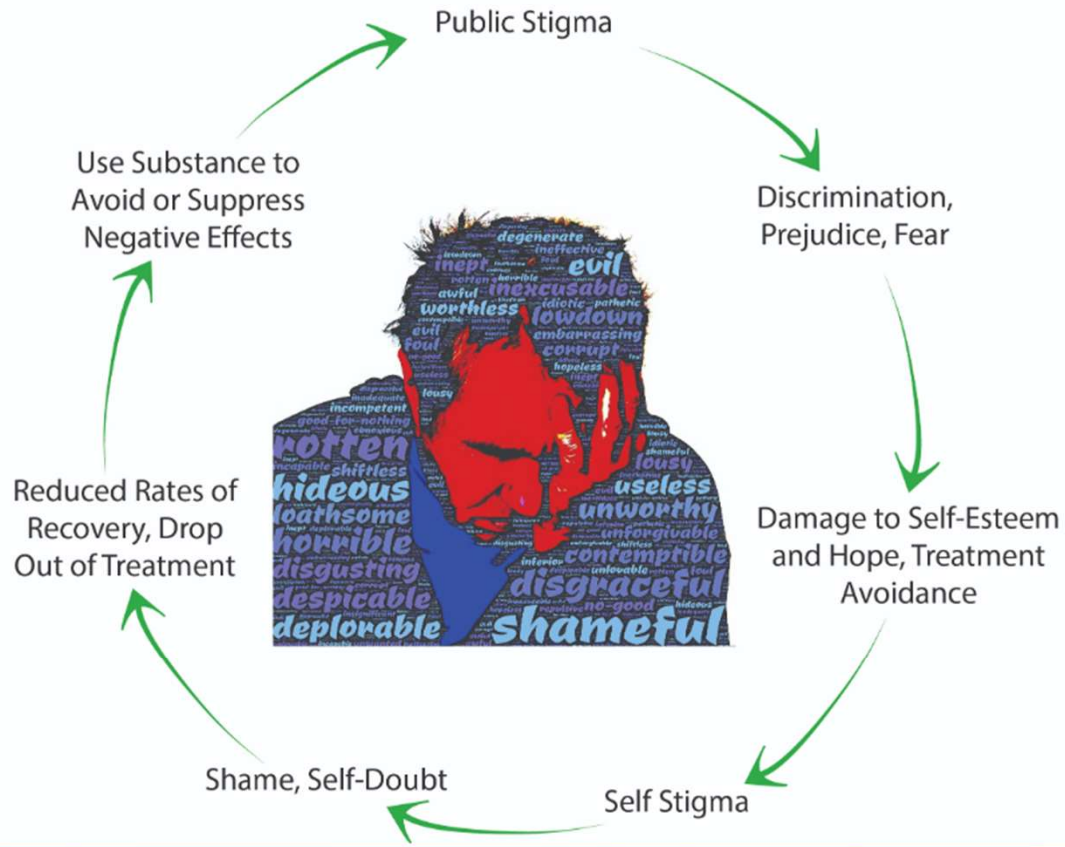
General criteria for substance use disorders

Impaired control over substance use	Substance used in greater quantity or over a longer time than intended
	Persistent wish or efforts to decrease substance use
	Significant time is devoted to obtain, use, or recover from the substance
Social impairment	Substance use interferes with meeting responsibilities at work, school, or home
	Continued substance use despite social or interpersonal problems due to substance use
	Important social, occupational, or recreational activities are decreased because of substance use
Risky use	Substance use in situations in which the substance use puts the individual or others at risk of physical harm
	Continued substance use despite knowledge that a physical or psychological problem is likely to have been caused or made worse by substance use
Psychological and physiological dependence	Signs of tolerance to the substance
	Signs of withdrawal from the substance
	Cravings to use the substance

Source: Reference 9



Cycle of Stigma



Corrigan et al., 2017a; 2017b; da Silveira et al., 2018

PREVALENCE & INCIDENCE

Substance Use Disorder

Drug Use Disorder | Opioid Use Disorder | Alcohol Use Disorder in the Past Year

NSDUH asked respondents aged 12 or older about the effects of their drug or alcohol use on their lives in the 12 months before the interview.

Substance Use Disorder (SUD)

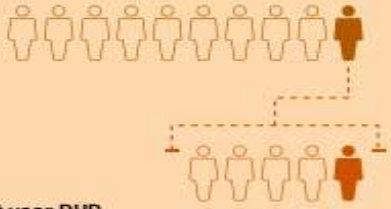
48.7 million (17.3%)

Among people aged 12 or older, about 17% had an SUD in the past year.

Drug Use Disorder (DUD)

27.2 million (9.7%)

About 1 in 10 people had a DUD in the past year.



Opioid Use Disorder (OUD)

6.1 million (2.2%)

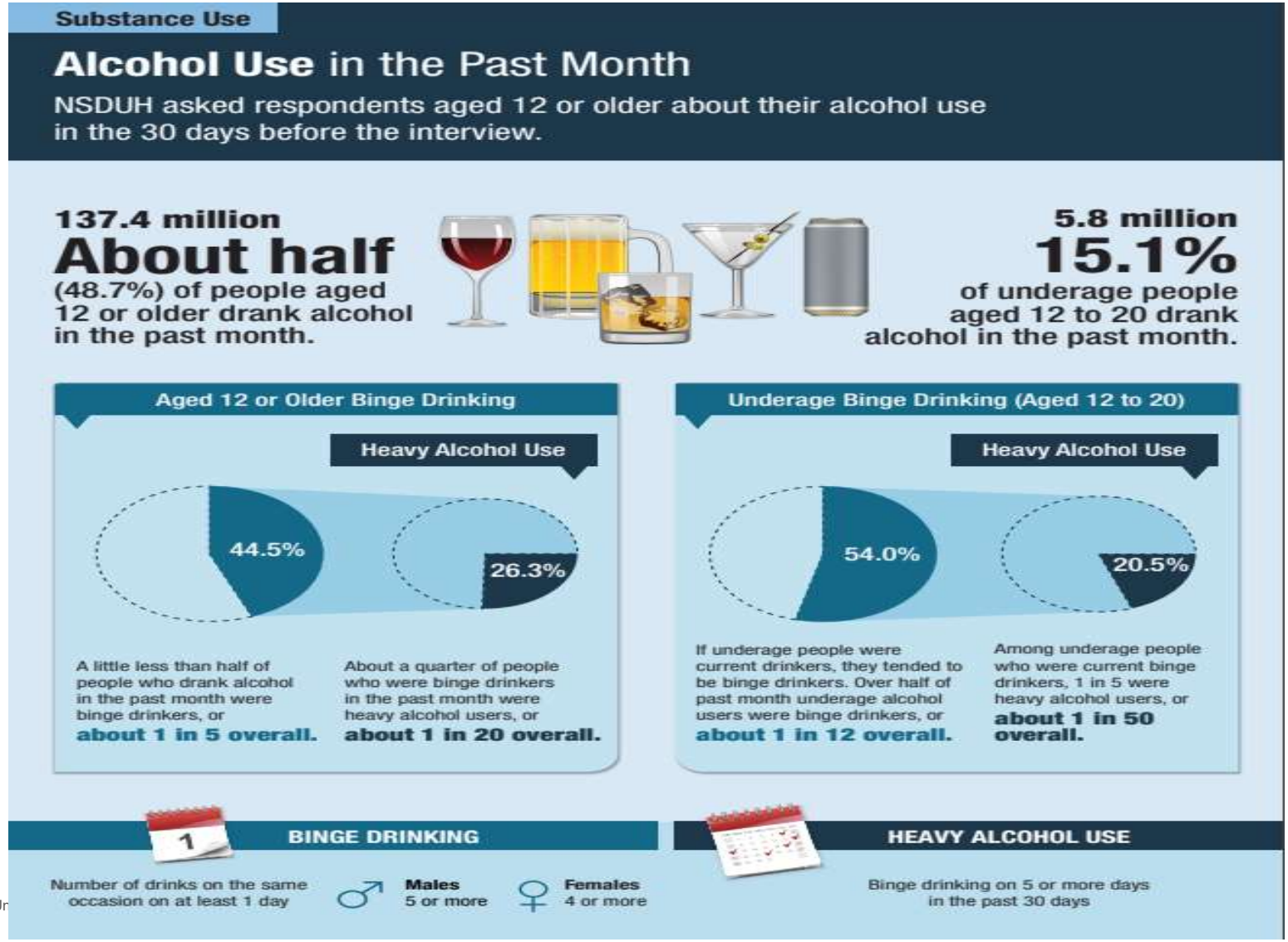
Among people aged 12 or older with a past year DUD, a little over 1 in 5 had an OUD, or about 2% overall.

Alcohol Use Disorder (AUD)

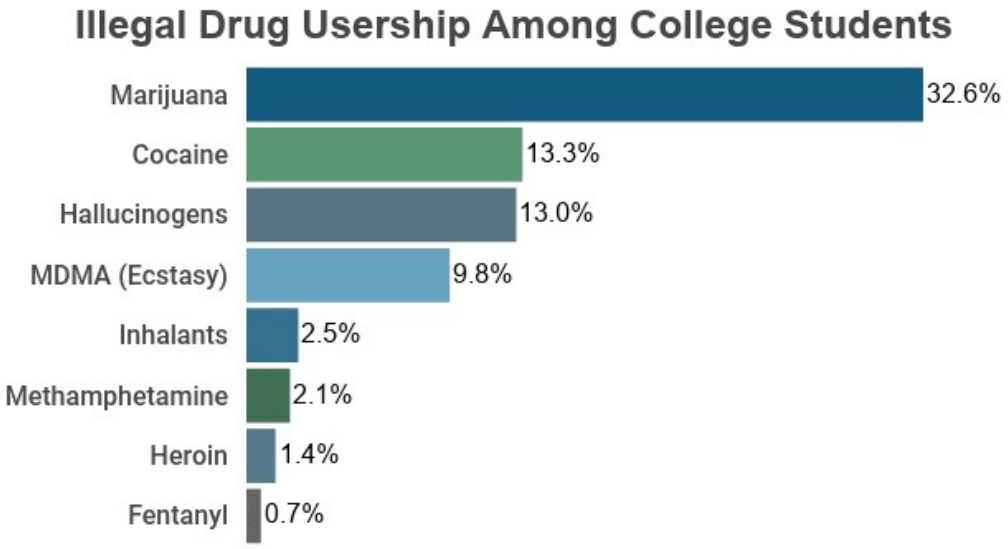
29.5 million (10.5%)

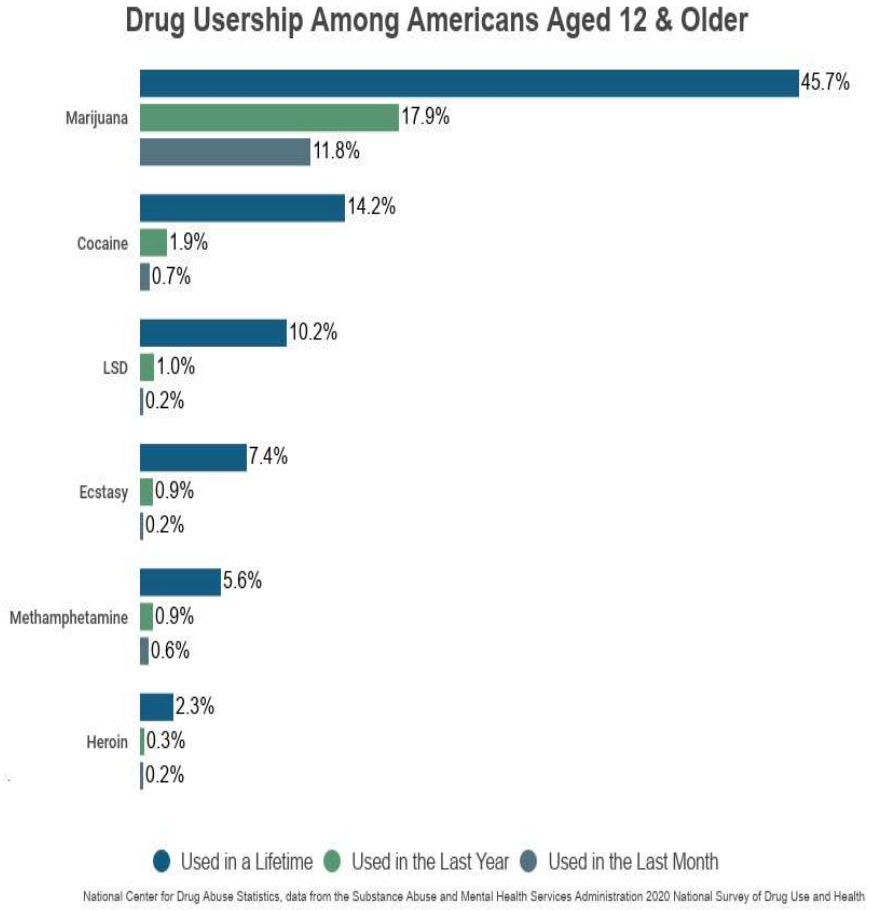
About 1 in 10 people had an AUD in the past year.

Substance use disorder (SUD) is characterized by impairment caused by the recurrent use of alcohol or other drugs (or both), including health problems, disability, and failure to meet major responsibilities at work, school, or home. Respondents were classified as having an SUD in the past year if they met criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.[a] Respondents who used marijuana,

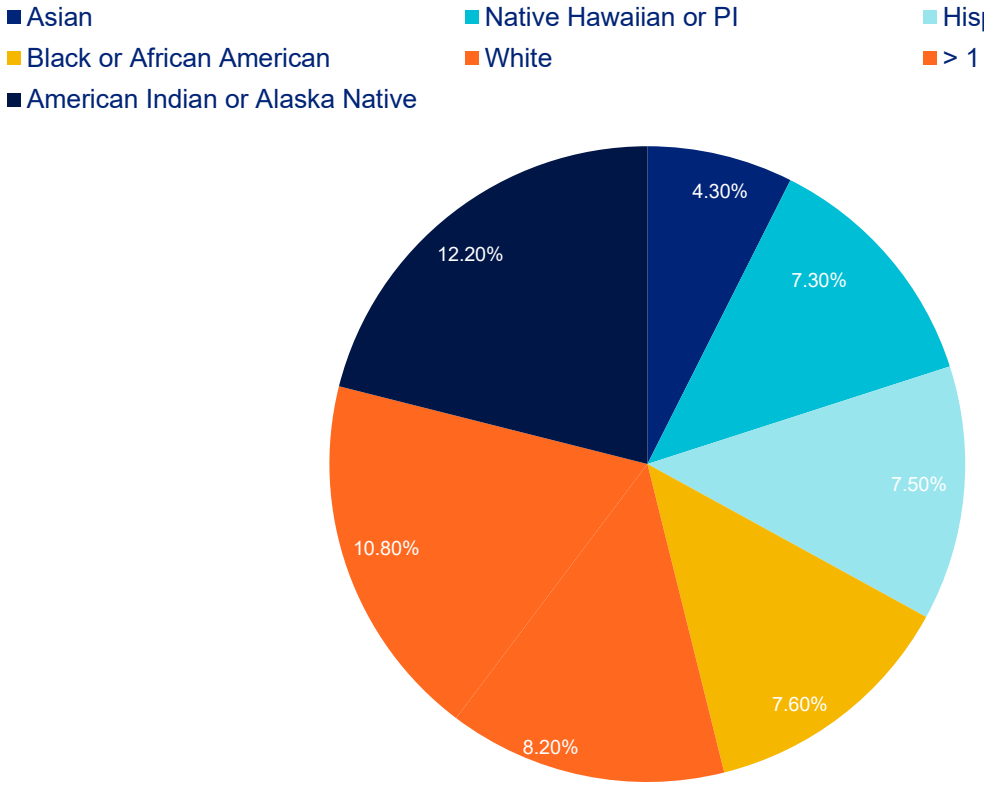

Substance Use
Alcohol Use in the Past Month
NSDUH asked respondents aged 12 or older about their alcohol use in the 30 days before the interview.
137.4 million
About half
(48.7%) of people aged 12 or older drank alcohol in the past month.
5.8 million
15.1%
of underage people aged 12 to 20 drank alcohol in the past month.
Aged 12 or Older Binge Drinking
Heavy Alcohol Use
44.5%
26.3%
A little less than half of people who drank alcohol in the past month were binge drinkers, or about 1 in 5 overall.
About a quarter of people who were binge drinkers in the past month were heavy alcohol users, or about 1 in 20 overall.
Underage Binge Drinking (Aged 12 to 20)
Heavy Alcohol Use
54.0%
20.5%
If underage people were current drinkers, they tended to be binge drinkers. Over half of past month underage alcohol users were binge drinkers, or about 1 in 12 overall.
Among underage people who were current binge drinkers, 1 in 5 were heavy alcohol users, or about 1 in 50 overall.
BINGE DRINKING
Number of drinks on the same occasion on at least 1 day
Males 5 or more
Females 4 or more
HEAVY ALCOHOL USE
Binge drinking on 5 or more days in the past 30 days

Use Among College Students





SUBSTANCE USE AND SUBSTANCE USE DISORDERS BY RACE AND ETHNICITY
2015-2019

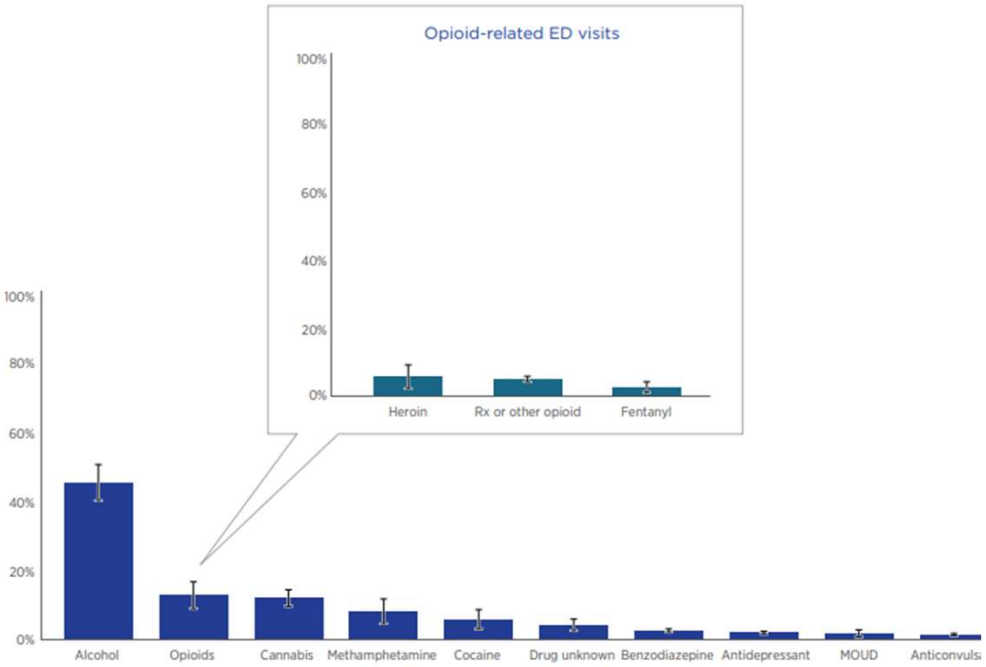


Addiction affects all races/ethnic groups and all socioeconomic groups

OFFICE OF BEHAVIORAL HEALTH, DISABILITY, AND AGING POLICY, US Dept of HHS Office of Minority Health

Top Abused Substances Leading to ER Visits, 2022

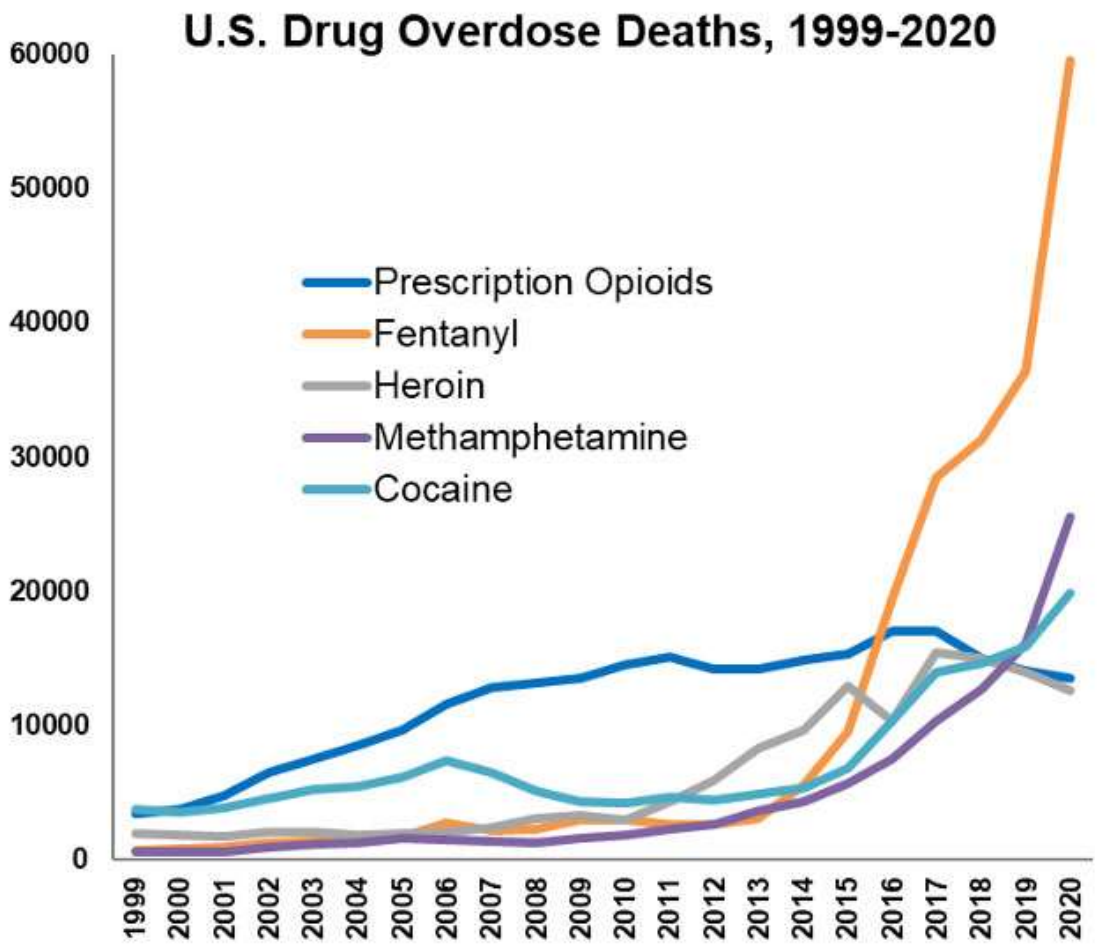
Figure 4.A Top ten substances involved in drug-related ED visits, 2022



Note: Opioid includes heroin, fentanyl, and other prescription opioids. See Appendix B for other drug definitions. Multiple substances can be reported in a single ED visit, so percentages can add up to more than 100 percent.

In 2022, alcohol was the substance most reported (45.0%) in drug-related ED visits, followed by opioids (12.7%) and cannabis (12.0%). Among 4.2 percent of drug-related ED visits, an unknown drug was reported as at least one of the substances involved. Within opioids, heroin (5.6%) and Rx or other opioids (5.0%) were reported significantly more often than fentanyl (2.7%).

US Overdose Deaths 1999-2020



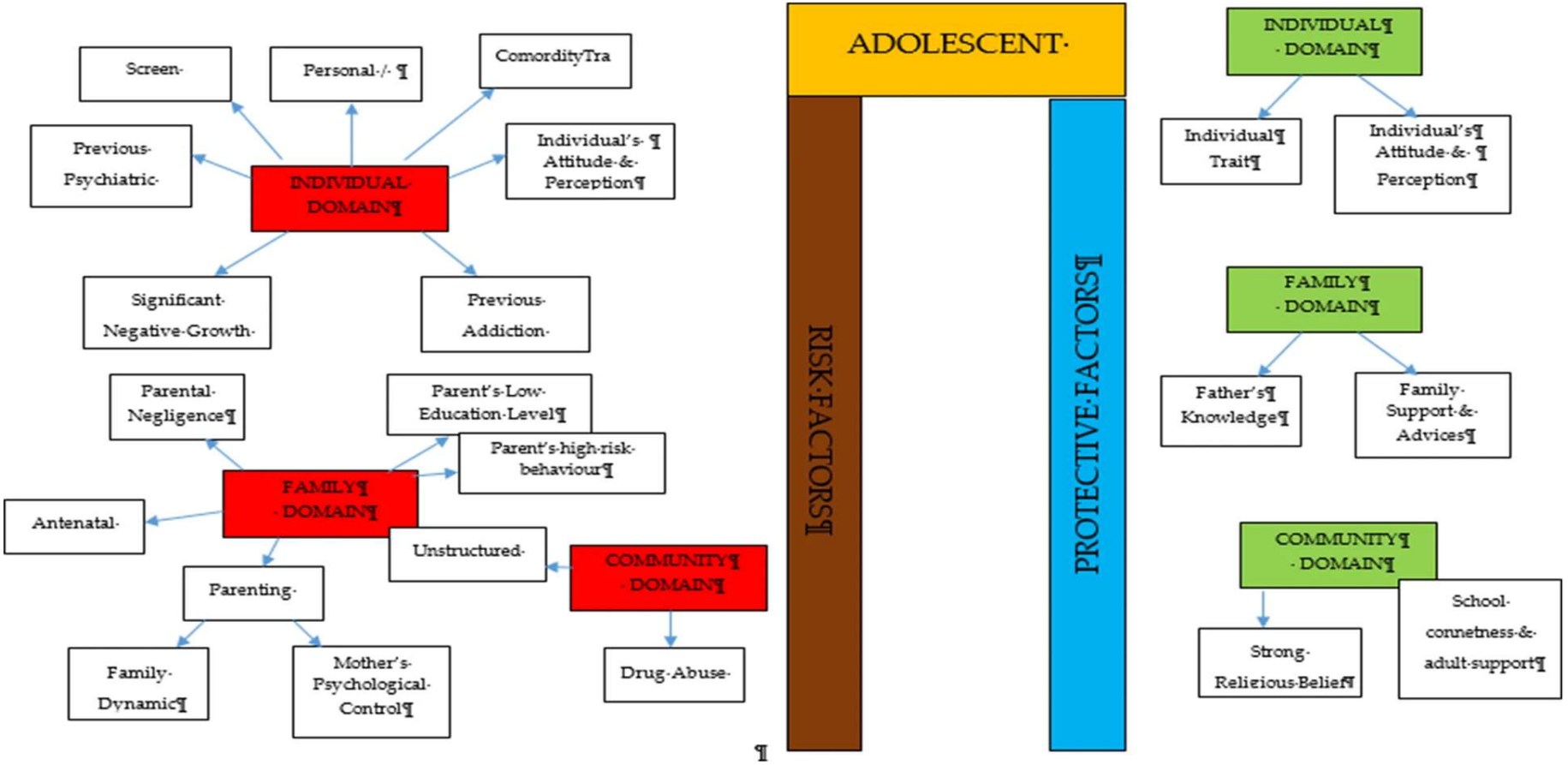
HEDIS MEASURES

HEDIS Measures for 2024

Initiation and Engagement of Substance Use Disorder Treatment (IET)
Initiation of SUD Treatment: New episodes, after which the individual initiated treatment through an inpatient SUD admission, outpatient visit, telehealth or intensive outpatient encounter or partial hospitalization, or
Engagement of SUD Treatment: New episodes, after which the individual initiated treatment and had two or more additional SUD services or medications within 34 days of the initiation visit.
Follow-Up After Emergency Department Visit for Substance Use (FUA)
Assesses emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow up visit for SUD.
ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
Use of Opioids at High Dosage (HDO)
Assesses potentially high-risk opioid analgesic prescribing practices: The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.
Use of Opioids from Multiple Providers (UOP)
Assesses potentially high-risk opioid analgesic prescribing practices: The proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year from multiple providers. Three rates are reported - A lower rate indicates better performance for all three rates.
Multiple Prescribers: The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
Multiple Pharmacies: The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
Multiple Prescribers and Multiple Pharmacies: The proportion of members receiving prescriptions for opioids from four or more different prescribers *and* four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

RISK FACTORS

Risk and Protective Factors in Adolescent SUD
(Individual, Family & Community)



Risk Factors & Protective Factors: Biologic, Psychological, Social

RISK FACTORS	TYPE	PROTECTIVE FACTORS
• Genetic predisposition • Having a family history of substance use • Other illnesses or medical conditions • Changes in the brain due to prior drug use	Biological	• No genetic predisposition • No family history of substance use • No other illnesses or medical conditions
• Mental health conditions such as anxiety or depression • Childhood trauma • Adolescent substance use	Psychological	• Stable mental health condition and emotional control • No childhood trauma • No adolescent substance use
• Growing up or living in high-stress environments • Low academic achievement • Unstable or low-income housing • Low socioeconomic status • Negative social influences • Unstable employment • Racial and ethnic background	Social	• Growing up or living in low-stress environments • High academic achievement • Stable housing • Positive social influences • Community engagement • Stable employment • Family support

Why Do Some People Become Addicted To Drugs While Others Don't?

Biological

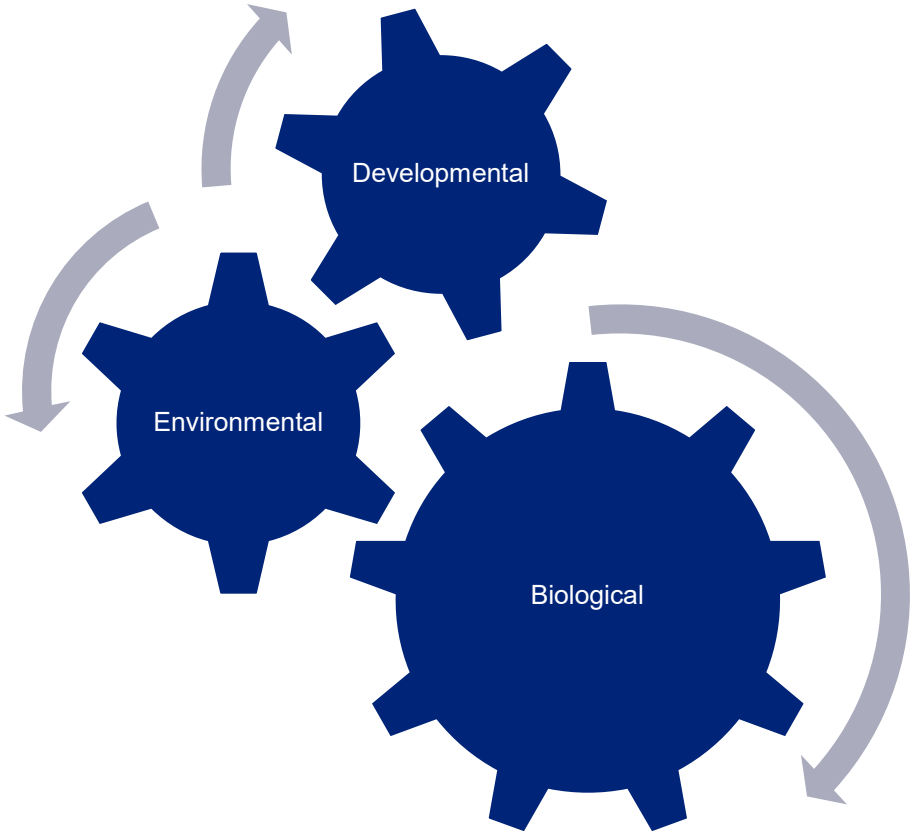
- Comorbid Psychiatric dx
- Genetics - 50% of risk

Environmental

- Influence of family and friends
- Stress
- Abuse

Developmental

- Early use affects brain development



https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction#:~:text=Factors%20such%20as%20peer%20pressure,life%20to%20affect%20addiction%20risk.

SIGNS AND SYMPTOMS

Clinical and Patient Presentation

Signs and Symptoms of SUD

- Increased urge to drink or to use drugs.
- Inability to stop drinking or using drugs.
- Drinking or using drugs in hazardous situations (e.g., drinking and driving).
- Change in relationships due to drinking or drug use.
- Feeling depressed or anxious about your substance use.
- Feeling sick and experiencing withdrawal symptoms when drinking or drug use stops.
- Increased tolerance, which refers to the need over time for more alcohol or stronger drugs to achieve the desired effect.

Alcohol Symptom Checklist

Alcohol Symptom Checklist

To help you and your provider understand how your alcohol use might be affecting your health, please answer the following questions.

Please SELECT the best response to each question.

In the past 12 months…

1. Did you find that drinking the same amount of alcohol has less effect than it used to or did you have to drink more alcohol to get intoxicated?	No ☐	Yes ☐
2. When you cut down or stop drinking did you get sweaty or nervous, or have an upset stomach or shaky hands? Did you drink alcohol or take other substances to avoid these symptoms?	No ☐	Yes ☐
3. When you drank, did you drink more or for longer than you planned to?	No ☐	Yes ☐
4. Have you wanted to or tried to cut back or stop drinking alcohol, but been unable to do so?	No ☐	Yes ☐
5. Did you spend a lot of time obtaining alcohol, drinking alcohol, or recovering from drinking?	No ☐	Yes ☐
6. Have you continued to drink even though you knew or suspected it creates or worsens mental or physical problems?	No ☐	Yes ☐
7. Has drinking interfered with your responsibilities at work, school, or home?	No ☐	Yes ☐
8. Have you been intoxicated more than once in situations where it was dangerous, such as driving a car or operating machinery?	No ☐	Yes ☐
9. Did you drink alcohol even though you knew or suspected it causes problems with your family or other people?	No ☐	Yes ☐
10. Did you experience strong desires or craving to drink alcohol?	No ☐	Yes ☐
11. Did you spend less time working, enjoying hobbies, or being with others because of your drinking?	No ☐	Yes ☐

Source: Hallgren KA et al. Alcohol Clin Exp Res. 2022 Mar;46(3):458-467.

Five of the Most Common Excuses Used

1. “I can still function well.”	1. Some people with SUD manage to maintain a facade of normalcy despite their addiction. However, substance abuse affects not only the individual but also their loved ones.
2. “These substances have helped me do my tasks better. I need this substance so that I can cope.”	2. Individuals may believe that drugs or alcohol enhance their abilities, but this is often a self-deception.
3. “I know someone who went to treatment and relapsed, so why should I go?”	3. While it’s true that relapse is a part of the recovery process for many, attending treatment programs significantly increases the chances of long-term sobriety
4. “Everyone has their own vice.”	4. Rationalizing substance use by comparing it to others’ habits can prevent individuals from seeking treatment.
5. “I will be able to stop whenever I want.”	5. Some individuals believe they have control over their substance use and can quit at any time.

CASE STUDY VIGNETTE

Vignette – Meet Sue

Sue is a 46-year-old accountant. She complains of insomnia, lethargy, an inability to focus and decreased appetite.

She is frustrated that she cannot adequately perform her job due to difficulty concentrating.

She has received 2 warnings from her supervisor over the past 4 months about inadequate job performance and reveals that her EAP administrator recommended she seek counseling.

She reports that she has a glass of wine or two at dinner time to help her relax which has been her normal routine for years. She also reports enjoying "a couple" of glasses of wine when going out with her husband or at parties but denies excessive drinking. When questioned further, she admits to feeling guilty about drinking and is occasionally annoyed when her husband suggests that she should cut back. She has occasionally tried to reduce her consumption of alcohol without any success and denies ever using alcohol in the morning.

Sue is currently under treatment for major depressive disorder, which has not responded to treatment with fluoxetine.

Sue has a past history of childhood sexual abuse and has undergone several years of psychotherapy.

There has been a family history of SUD by her mother and mood disorder with paternal grandfather.

Her current stressors identified include a pending divorce and kids in college.

QUESTION FOR YOU?

What are your concerns about Sue?

- What is concerning to you about what Sue reports?

- What has she described to you that would indicate she is at risk?

Write in the chat

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https://www.nsc.org/getmedia/3bd2e061-0afa-41ec-bf0e-c275721c7e3f/substance-use-prevention.pdf

TREATMENT – PATIENT-CENTERED APPROACH

Words Matter

Instead of…	Use...	Because...
Addict	Person with substance use disorder[1]	Person-first language The change shows that a person “has” a problem, rather than “is” the problem.[7] The terms avoid eliciting negative associations, punitive attitudes, and individual blame.[7]
User	Person with OUD or person with opioid addiction (when substance in use is opioids)	
Substance or drug abuser	Patient	
Junkie	Person in active use; use the person’s name, and then say, "is in active use."	
Alcoholic	Person with alcohol use disorder	
Drunk	Person who misuses alcohol/engages in unhealthy/hazardous alcohol use	
Former addict	Person in recovery or long-term recovery	
Reformed addict	Person who previously used drugs	

https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

Comparative Effectiveness of Alcohol Use Disorder Treatments (evidence based, not anecdotal)

Rank ordered the evidence is strongest for:

(A common theme in all of these treatments is that they are delivered with empathy and without confrontation.)

- Non-confrontational one-on-one feedback regarding one's alcohol- related health from a health professional;
- Non-confrontational strategic Motivational Interviewing
- The medication **acamprosate**
- A complex set of cognitive and behavioral methods called the Community Reinforcement Approach
- The assigning of a Self-Change Manual, also called Bibliotherapy
- The medication **naltrexone**
- Behavioral Self-Control Training (a moderation approach)
- Behavioral Contracting for rewards given in exchange for clean drug test results
- Social Skills Training
- Behavioral Marital Therapy

Of the 48 approaches ranked, the evidence is weakest for:

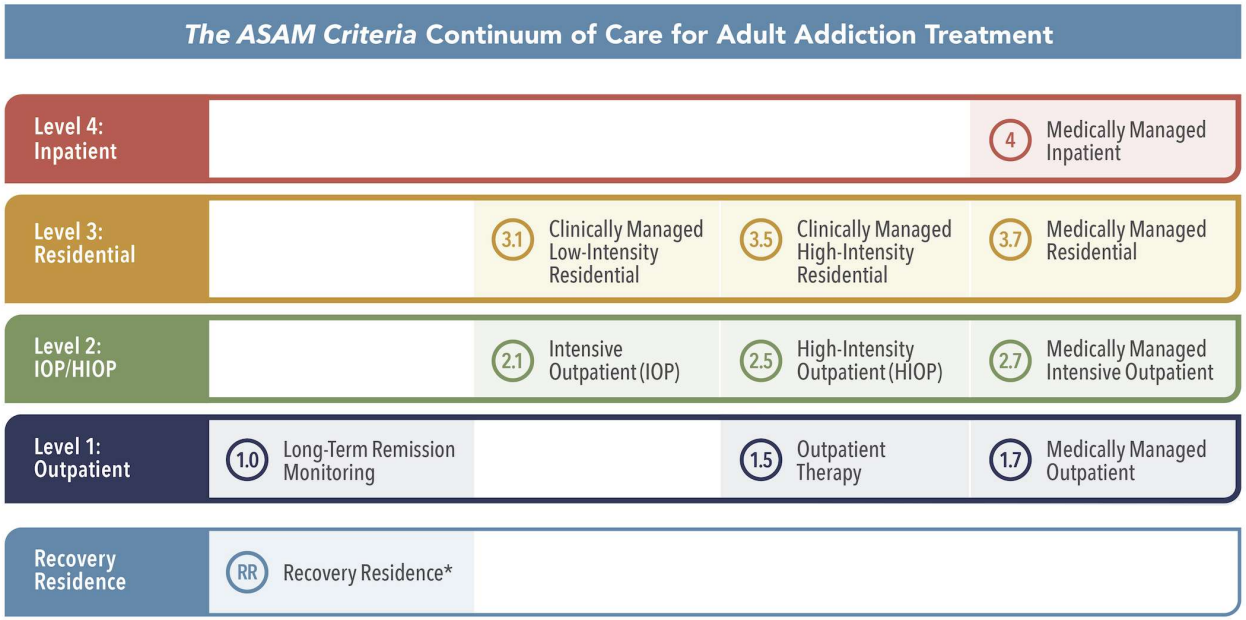
- Educational tapes, lectures and films, upon which much time is spent in some rehabs
- General Alcoholism Counseling
- Psychotherapy
- Confrontational Counseling
- Relaxation Training
- Videotape Self-Confrontation or watching oneself behaving badly while intoxicated
- Medications and Milieu Therapy
- **Alcoholics Anonymous**

Hester, Reid K., and William R. Miller. *Handbook of Alcoholism Treatment Approaches: Effective alternatives*. Pergamon Press, 1989.

The ASAM Criteria's strength-based multidimensional assessment :

considers a patient's needs, obstacles and liabilities, as well as their strengths, assets, resources, and support structure.

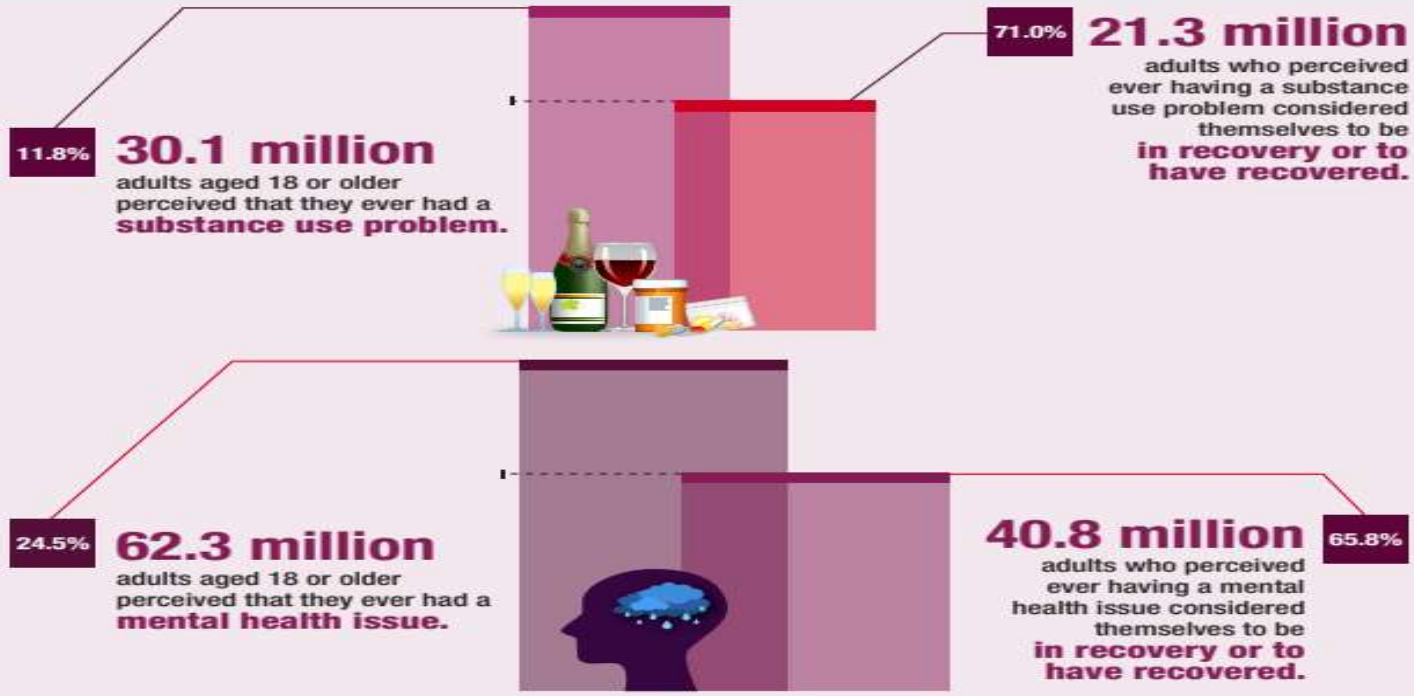
This information is used to determine the appropriate level of care across a continuum.



Recovery

Adult Recovery in the Past Year

NSDUH asked respondents aged 18 or older whether they thought they ever had a problem with their use of drugs or alcohol. Respondents were also asked whether they ever had a problem with their mental health.



Respondents who reported that they thought they had problems with substances or mental health were then asked if they thought they were recovered or in recovery.

It is important to note that the terms "problem" and "recovery" were not defined for respondents. Therefore, how respondents subjectively defined these terms may have varied. NSDUH describes this as "perceived recovery" as respondents could have considered themselves to have recovered or be in recovery from substance use problems or mental health issues and also be classified as having substance use disorders, a major depressive episode, or any mental illness in the past year.

RESOURCES

Top Ten Things Everyone Should Know About **Addiction**

1	Addiction is treatable with medications, therapy, and other supports, including groups, individual, and family/friend integrated approaches.
2	No one chooses to develop an addiction; addiction is not caused by a moral defect.
3	Addiction can affect anyone; some groups of people are more impacted by addiction because of societal marginalization and discrimination.
4	Opioid overdose can be reversed by medications such as naloxone and nalmefene.
5	We can help prevent and treat addiction by recognizing the signs of addiction and encouraging treatment.
6	Return to use is a common part of the recovery process. It's an opportunity to learn and does not mean treatment failed.
7	Just because a substance is legal, doesn't make it safe. Talk to your doctor about all substances you use.
8	People with addiction often experience anxiety, depression, and other mental illnesses. Talk to your doctor about treatment.
9	Talking openly with kids about the risks of substance use can help prevent addiction.
10	Many people with addiction can be effectively treated in community clinics; others may need residential or hospital care.

AAFP · AAP American Academy of Addiction Psychiatry · ASAM American Society of Addiction Medicine · AMERICAN PSYCHIATRIC ASSOCIATION

Mutual Support Groups

- Alcoholics Anonymous (AA). Phone: 212-870-3400. Meeting finder app for iOS and Android smartphones: Meeting Guide
- LifeRing Phone: 800-811-4142
- Moderation Management
- Secular AA – Calendar of worldwide secular meetings
- Secular Organizations for Sobriety – Find a meeting
- SMART Recovery Phone: 440-951-5357
- Women for Sobriety Phone: 215-536-8026

National Resources

Substance Abuse and Mental Health Services Administration (SAMSHA) Treatment Locator

SAMHSA provides treatment referral and information service for individuals and families facing mental health problems and/or substance use disorders.

Narcotics Anonymous

Narcotics Anonymous helps those trying to overcome any type of drug or alcohol dependence using their twelve-step program.

Nar-Anon

Nar-Anon provides support and resources (meetings) for friends and family of people living with substance use disorder/addiction.

Alcoholics Anonymous

Alcoholics Anonymous provides support through their twelve-step program to help individuals overcome a drinking problem.

Al-Anon

Al-Anon provides information and resources (meetings) for friends and family of an alcoholic to help them recover from the effects of their drinking problem.

Suicide Prevention

Suicide Prevention Lifeline is a 24/7 service that provides free and confidential emotional support to people in suicidal crisis or emotional distress.

Questions

Thank You